

Mail Application To: State of Wisconsin  
Department of Natural Resources  
Box 7924  
Madison, Wisconsin 53707

**RESIDENT CLAM BUYER LICENSE APPLICATION**  
Form 9400-389 Rev. 12-98

**License Fee: \$300.00**

Note: Use of this form is required by the Department for any application filed pursuant to s. 29.537, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31 - 19.39, Wis. Stats.

\*A social security number or federal employer identification number is **REQUIRED** when applying for a license according to chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or the Department of Revenue.

The license on this application will expire on December 31.

TO BE COMPLETED BY ISSUING AGENT
License Number
Date Issued
Issued By

Pursuant to the provisions of s. 29.537(3)(c), Wis. Stats., I hereby apply for a resident clam buyer's license to operate in the manner provided by Wisconsin Statutes and Wisconsin Administrative Code.

(Please Type or Print)

Full Name of applicant/individual authorized to act on behalf of business. First Name M.I. Last Name			Business Name		
Street or Route			Street or Route		
City, State, Zip Code			City, State, Zip Code		
*Social Security Number/Federal Employer Identification Number			State Taxpayer ID Number		Federal Taxpayer ID Number
Wisconsin Driver's License Number			How long have you been a resident of the State of Wisconsin		
Home Telephone Number (Include Area Code)		Work Telephone Number (Include Area Code)		Business Telephone Number (Include Area Code)	
Date of Birth Mo. Day Year		Color Eyes	Color Hair	Weight	Height
Business is <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association			License should be issued in: (Check <input checked="" type="checkbox"/> one only) <input type="checkbox"/> Applicant's Name <input type="checkbox"/> Business Name		

I hereby certify that I am the authorized person making the above application. I have maintained my permanent residence in Wisconsin for the previous thirty days and that my license privileges are not otherwise revoked. I have complied with all the laws regulating the issuance and purchase of this license. I further certify that the above named business is organized under Wisconsin law.

Signature of Authorized Person	Title	Date Signed
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